V. S. No. 1

STATE C	FM	IARYLA	AND-	CERTIFI	CAT	E OF	DEATH
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117599

1. PLACE OF DEATH	948
County Caroline	Registration Dist. No. 6 L
Village or City Near Feder alsburg, H 3:15.	No. St. Ward
∠ O (H	death occurred in a hospital or institution, give its NAME instead of street and number)
V L. D	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kate Benson	
(a) Residence: No. 7-2 devals ruya M.A. 8.3.1 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Warch 23rd 193 L1 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Stout 189H	197, to 1911 2 , 1924
6. DATE OF BIRTH (month, day, end year) Notes 18 LESS than	to have occurred on the date stated above, at 3-A-m.
about HO Exact date unferous 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were as follows: Date of one of Date of Date of One of Date of Date of One of Date
SAWYER, BOOKKEEPER, etc. House - work &	Comp on account
	a manual stores
SAW MILL, BANK, etc. Worked in lanning house	1 History Sandlines
O Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·
(State or country) Douth Carolina.	
13. NAME No data 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Comerson Monroe Waller, (Address) Frederalsburg, Md. R.F. D	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place te devalo king "Ind, Date Mar, 2H", 1934	Nature of Injury
19. UNDERTAKER A. Frankton & Son.	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Tederals oura, Trid.	If so, specify
20 FILED Max, 33" 1934 3. 5. Fram stom	(Signed) (Signed) M. D.
20. FILED Max. 23., 193. H. S. S. Tram Tom. Registrar.	(Address) HAMMANA MANA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED WRIT S. No. 1

	PLACE OF DEATH County Coroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66
	Village or City Redyely (No	St.: Ward) (If death occurred im a hospital or institution, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Glock SSINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March # , 198 4
	6 DATE OF BIRTH Lifety, 26, 1899 (Month) (Day) (Year)	that I last saw how slive on March 4 to 1984,
	7 AGE 35 yrs mos ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 230 Pm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration)
	which employed or (employer)	Contributory Secondary (Duration)
	10 NAME OF FATHER John Block	(Signed) 7. Lance Oleman M.D. 192 (Address) 7. Land 2004
	OF FATHER (State or country) Maryland, 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Clark Traver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address) Lieus buo Md.	Noor Ridyely March 7, 1934. 20 UNDERTAKER ADDRESS
	Filed Man 1984 Registra	1. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



4

(Approved by U. S. Census and American Public Health Association.)

whatever, write None, business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g gcd in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a especially in industrial employments, it is necesyrs .. Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons (b) Automobile Stationary fireman, etc. But in many who have no occupation factory. The material single word, or term on Grocery;

> (Recommendations on statement of cause of - American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "('E.haustion," "Heart failure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Enhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VICLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; Chronic valvular heart disease; affection etc. The contributory nced not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT ECOLE. Every item of infor-	ld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	JPA-	
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	tem	shou	0 J	
	ry in	SZ	nt o	
	Evel	CIAI	eme	
	·	rsic	stat	
	CO	PH	ict :	
	3		Exa	
	LN	L	d.	
	ANE	CI	sifie	
	RM4	XA	clas	
	PE	田	rly	1
	S A	ated	ope	3:7
	SIS	st	pr	-
	HI	l be	y be	3-
	J	onlo	maj	1
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	D'N.	AGI	tha	-
	IDI	70	so ,	4.
	NF/	plie	rms	and and
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)	ILY	e ca	ATH	-
	AIN	q p	DE	
		-		

MARGIN RESERVED FOR BINDING mation should be careful CAUSE OF DEATH in p TION is very important. N. B.-WRITE PI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 61
Village or City Reddel	N.
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos	ds, How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bohy Don Lost	healda
(a) Residence: No. Residence	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Wesch 19, 1934	I last saw h aliva on, 19; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 1.2.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stellton
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete dacaesed last workad at this occupation (month and this programme).	
10. Dete dacaesed last worked at 11. Total time (years)	
this occupation (month end spent in this year)	
12. BIRTHPLACE (city or town)	Othar Centributary Causes of importance:
(Stata or country)	
II I3. NAME (V) Quality Quality Quality	
13. NAME (Ulland Posluoda 14. BIRTHPLACE (city or town)	Name of apprehim
(State or country)	Name of operation
15. MAIDEN NAME Muine Flotology	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whara did injury occur?
17. INFORMANT Copy) Buth Contricate	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	and the state of t
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Placa	Nature of injury
19. UNDERTAKER	24. Was disaase or injury in any way raiatad to occupation of deceased?
(Addrass)	If so, specify
20. FILED	(Signad) Locuis >, Welty M.D.
Registrar.	(Addrass) County Registry

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		R S S	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		484	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a coman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation we dever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

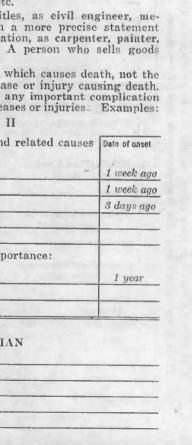
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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19. UNDERTAKER

(Address)

BINDING

MARGIN RESERVED

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Registrar.

Manner of Injury

Nature of injury

If so, specify (Signed).

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRALLV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

	ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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MARGIN RESERVED FOR BINDING

V. S. No. 1

8. DATE OF BIRTH (month, day, and year) // Non. / S / J 1 1 1 1 1 1 1 1 1		-CERTIFICATE OF DEATH 02528
Village or City. Section 164 Langth of residence in city or town bare death occurred		8
Langth of residence in city or town where death occurred		Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (sprinc the word) OR	(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (sprinc the word) OR	2. FULL NAME (Caley Alegen	ill
3. SEX		
Sa. If married, widowed, or divorcad HUSAND of (Month) (Dey) (Veat) (Month) (Dey) (Veat) (Vea		MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) // WAY, 18 / 93 L/ 7. AGE Years Months Deys II LESS than 1 day	Female White Pracy Le	//var- 18 193 4
6. DATE OF BIRTH (month, day, and year) // ON. 18 / 93 L/ 7. AGE Years Months Deys If LESS than to have occurred on the date stetad above, at m. 1. Trade, profassion, or particular or min. 8. Trade profassion, or particular or min. 9. Industry or businass in which was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and year) occupation. 12. BIRTHPLACE (city or town) Accusant Description. (State or country) 13. NAME Accused Silk Milk Samuel Scale or Man of operation. (State or country) 14. BIRTHPLACE (city or town) Accusant Description. (State or country) 15. BIRTHPLACE (city or town) Accusant Description. (State or country) 16. BIRTHPLACE (city or town) Accusant Description. (State or country) 17. INFORMANT Accusant Accusant Accusant Description. (State or country) 18. BURIAL, GREMATION, OR REMOVAL Place Manner of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Accusant Data Manner of Injury Description of decassad? The country of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) Address of Importance: 19. Was there an autopsy? 20. FILED 2 18. 19.3 Am the Manner of Injury Nature of Injury in any way related to necupation of decassad? The country of the country occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Signed) Address of Injury in any way related to necupation of decassad? The country occurred in Injury 19. UNDERTAKER (Signed) Address of Injury in any way related to necupation of the country occurred in Injury 19. UNDERTAKER (Signed) Address of Injury in any way related to nec	HUSBAND of	The state of the s
7. AGE Years Months Deys If LESS than 1 day, hrs. or. min. A LILLY Green es Splinker, saw, in the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: BY SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, atc. 11. Total time (years) spint in this occupation month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CECKMATION, OR REMOVAL Place CEMATION, OR REMOVAL Place CEMATION, OR REMOVAL (Addrass) 19. UNDERTAKER (Addrass) 10. Name of operation. 11. State or country) Where did injury occur? (Specify city or town, country and State) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signed) 10. AULL AUL AULL AULL AULL AULL AULL AULL	E DATE OF BIRTH (19 14)	
8. Trade, profassidh, or particular kind of work done, as SPINNER, SAWTER, BONKEPER, atc. 9. Industry or businass in which work was done, as SIN MRL, SAW MILL, BANK, atc. 10. Date decessed last worked at this occupation (month and year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. UNDERTAKER (Address) 10. Date decessed last worked at this occupation of decassad? 11. Total time (years) Spant in this occupation Other Costributory Causes of Importance: Other Costributory Causes of Importance: What tast confirmed diagnosis? Was there an autopsy? What tast confirmed diagnosis? Was there an autopsy? Where ald injury occur? (Specily city or town, country and State) (Address) 18. BURIAL, CREMATION, OR REMOVAL Place State or country Date of injury Nature of injury 19. UNDERTAKER (Addrass) 16. Specily city or town, country and State) (Signed) MANUELLA OR SPECIAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onese Date of onese Date of onese Name of operation Date of injury Nature o		
8. Trade, profession, or particular Date of cases of SAWYER, BOOKKEPER, PINER, SAWYER, BOOKKEPER, SAWYER, BOOKKEPER, PINER, SAWYER, BOOKKEPER, SAWYER, SAWYER, BOOKKEPER, PINER, SAWYER, SAWYER, SAWYER, SAWYER, SAWYER, SAWYER, PINER, SAWYER, SA	1 /ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
SAWYER, BUOKREPER, atc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BARK, atc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAT (Stee or country) 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. Manuel 19. What tast confirmed diagnosis? Was thera an aulopsy? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injur	8 Trade profession or particular	Date of onest
12. BIRTHPLACE (city or town) (State or country) 23. IA. BIRTHPLACE (city or town) (Stata or country) 24. Was disease of importance: Other Coatributory Causes of Importance: Other Coatributory	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Still Born
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 20. FILED 3 - 18, 193 21. BOTH Coatributory Causes of Importance: Other Causes of Importance: Other Coatributory Causes	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
Other Coatributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. Other Coatributory Causes of Importance: Other Coatributory Causes What last confirmed diagnosis? Name of operation. Other Coatributor Othe	10. Date deceased last worked at this occupation (month and	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Place Date Date Date Manner of Injury Nature of Injury Na		Older County of the state of th
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Steeless (Address) 18. BURIAL, CREMATION, OR REMOVAL (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 10. FILED 3 - 18. 19.3	12. BIRTHPLACE (city or town) - Dulland	Other Coatributory Causes of Importance:
What tast confirmed diagnosis? Was there an au'opsy?		,
What tast confirmed diagnosis? Was there an au'opsy?	13. NAME Daniel Higuett	
What tast confirmed diagnosis?	14 RIPTURI ACE (sity or town) Hickory (1)	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Whera did injury occurr? (Specify city or town, county and State) Sopsily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 19. UNDERTAKER (Addrass) 16. BIRTHPLACE (city or town) Whera did injury occurr? (Specify city or town, county and State) Manner of Injury Nature of injury 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signed) (Signed) (Signed) (Signed) M. I	(Stata or country)	
Whera did injury occur? 17. INFORMANT Deciries of Equally Follows: (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Deciries County Data Many, (1, 19-34) 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signed) (Signed) (Signed) Manner of Injury 19. UNDERTAKER (Signed) (Signed) M. I	I 15. MAIDEN NAME ALL SI STANTANT	
Whera did injury occur? 17. INFORMANT Decicle of Education of Language State) 18. BURIAL, CREMATION, OR REMOVAL Place Decided Course Data Many, 19, 19-34 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Signed) (Signed) (Signed) (Signed) Menter of Injury (Signed) (Signed) (Signed) M. I	T IS BIOTURADO (II)	
17. INFORMANT Deciries of Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Deciron Count Data Mark 19, 19-3 4 Nature of Injury 19. UNDERTAKER (Addrass) 24. Was disease or injury in any way related to occupation of decaasad? According to the public Place of Injury 25. FILED 3 - 18, 193 4 7 19 19 19 19 19 19 19 19 19 19 19 19 19	(Stete or country)	
18. BURIAL, CREMATION, OR REMOVAL Place Successful Count Data Many, 19, 19-3 4 Nature of injury 19. UNDERTAKER (Addrass) 24. Was disease or injury in any way related to occupation of decaasad? 15. Specify (Signed) (Signed) Manner of Injury Nature of inju	17. INFORMANT Daniel Hegusett From	(Specify city or town, county and State)
Place Desilon Count Data Man! 1, 19.3 4 Nature of injury 19. UNDERTAKER (Addrass) Addrass) Nature of injury 24. Was disease or injury in any way related to occupation of decaased? If so, specify (Signed) (Signed) (Signed) M. I.	Victoria	
20. FILED 3-18, 193 Som 40 and (Signed) Lawson Colored M. I.		
20. FILEUM. 197 LIVE		
Registrar. (Addrass)	20. FILED 3 - 18, 193 5 m 40 9 mg L. Registrar.	1/2000-17

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

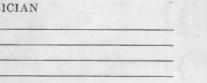
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	EOR	FURTHER	STATEMENTS	PV	PHYSICIAN
WINDITIONWE	STACE	FUL	FUNIDER	SIMIEMENIS	DI	FILISICIAN





	item of infor- s should state of OCCUPA-
•	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforuld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
R BINDING	A PERMANENT PRINTED OF THE PRINTED O
D FOI	he state
MARGIN RESERVED FOR BINDING	OING INK—THAGE should so that it may
MARGI	WITH UNFAI efully supplied. in plain terms,
•	LAINLY, uld be car

•	INLY,	be care	EATH i	
•	ITE PLA	mation should be care	CAUSE OF DEATH i	- 1.
V. S. No. 1	N. B.—WRITE PLAINLY,	mati	CAU	1

STAT 1. PLACE OF DEATH	E OF MAR	RYLAND—	CERTIFICATE OF DEATH	30
County Carolia	ne		Registration Dist. No. 6/	
Village or City Green	nsboro. Md	.) (1: yrs,mos	NoSt., death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long In U.S. Y of foreign birth?yrsmos	Warder)
2. FULL NAME C1:		arman Sr,	St., Ward. If nonresident give city or lown and State	
PERSONAL AND STA			MEDICAL CERTIFICATE OF DEATH	the second
3. SEX 4. COLOR OR RA		ARRIED, WIDOWED, CED (write the word) Wed	21. DATE OF DEATH Mark (Month) (Day) , 193	24
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Arella	Jarman		22. THEREBY CERTIFY, That I ettended decer	ased fro
6. DATE OF BIRTH (month, day, and yea	n Dec. 12	1861	I last saw have alive on Much 19 , 1934; de	ath is sa
	Days 7	If LESS than I day, hrs. or min.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of ons
kind of work done, es SPINN SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and yeer)	1934 11. Tote	I time (years) pent in this	Chronic interstition apphritis, hugg	Ida
12. BIRTHPLACE (city or town)	ryland		Other Contributory Causes of Importance:	7
13. NAME Thos.	H. Jarman		COMMAN MATTER STATE	
14. BIRTHPLACE (city or town) (State or country)	Maryland		Name of operation Dete of What test confirmed diagnosis? Years Wes there an autop	sv?
16. BIRTHPLACE (city or town)	y Lewis aryland		23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Clinton (Address) Green	n B.Jarman sboro, Md.	Jr,	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Greensbore	o. Md pate Mc	h. 21 ₁₉ 34	Manner of injury	
19. UNDERTAKER R.B. Rawl (Address) Green	ings nsboro, Md	•	24. Was disease or injury in any way related to occupation of deceased?	(d)
20. FILED Mars 21, 7834	L Ma	J. P. Registrar.	(Signed) Marlo How Affin	Mac

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- American	Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1984			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112531
1. PLACE OF DEATH	958
County Caraline	Registration Dist. No.
Village or City Rudgely - near	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Ella Hurry Johns	
(a) Residence: No. Rilagely (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Stward Holmson	22. I HEREBY CERTIFY, That I attended deceased from
	March 18, 1934, to March 14, 1934
6. DATE OF BIRTH (month, day, and year) Jan, 1964 7. AGE Years Months Days If LESS than	I last saw h.C. Y. alive on March 8, 1934; death is said to have occurred on the date stated above, at 5:32 A.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular	were as follows: Oata of onset
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Went & Blad werrel descree Wicken
9. Industry or business in which work was done, as SILK MILL	The state of the amount any on our
SAW MILL, BANK, etc. Learner in Muladelphs	4
5 Spart in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) All Mary (State or country)	
The state of the s	Cerebral acadest Jemphligen 2 who
E NOW	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Money Date of
- Wianthi - Direct	What test confirmed diagnosis? Chium al Amaling Was there an au'opsy? Mc
E Comanda Januarian	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stale or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
SO. R	(Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rece Redgely Date Mas 22, 1934	Nature of injury
19. UNDERTAKER P. B. Rawhugo	24. Was disease or injury In any way related to occupation of deceased? Llys known
(Address) Gressyshars ma	If so, specify
20. FILED Mar 19, 1934 / Daves	(Signed) M. D.
Registrar.	(Address) Auf Med Mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
To the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
-//		
(1 122 /	Trent was only seen once and was then in	
Paris 1		mand
Lama a	Satisfactory Suitary and pluymeal elementes	and .
could no	the solained . There have a former Sel: it.	
0.	to be a second of the second of	7
alagneru	course be given - They are only rywhl	diam.
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		7

3

PHYSICIANS should state Exact statement of OCCUPA-ECO AGE should be stated EXACTLY. LAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

B.—WRITE

ż

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	4
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1.	1,	5	43	0
U	0	U	0	2

	1. PLACE OF DEATH		04004
	County Caroline	Registration Dist. No. 3	
		No. St., death occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. If of foreign birth? yrs. mo	
	2. FULL NAME Thomas Sichard	Marine	
		St., Ward.	
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE CALLED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED	21. DATE OF DEATH Luarely: (Month) (Day)	, 193 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Histor a. ? Blanche	22. I HEREBY CERTIFY, That I attended March 19 1977, to March 20	deceased from
e.	6. DATE OF BIRTH (month, day, and year) Feb. 17 1869	I last saw harman alive on Trumph 160 , 1954	; death is said
certificate	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 6.30 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Jo	8. Trede, profession, or particular kind of work done, as SPINNER, Francuss SAWYER, BOOKKEEPER, etc.	Chebral Hemortage.	ud16-1934
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
instructions on	11. Total time (years) this occupation (month and year) year) 12. Total time (years) spant in this occupation		
tion	12. BIRTHPLACE (city or town) Harmoury	Other Contributory Causes of importance:	
ruc	(State or country) Europe Sound	arteris Merons	1927
nst	13. NAME William Marine	1	
See i	14. BIRTHPLACE (city or town)	Name of operation Date of	
S	(State of country) and character.	What test confirmed diegnosis? Was there en a	utopsy?
por ant.	15. MAIDEN NAME Juarie Cudresus 16. BIRTHPLACE (city or town) James (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
very im	17. INFORMANT Addison Parentes (Address) Prestate Mid	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
is	18. BURIAL, CREMATION, OR REMOVAL Place Layer Course pate mch. 23, 1934	Menner of injury	
TION	19. UNDERTAKER J. LITTY CHILOUTE (Address) Devilor 7.	24. Was disease or Injury In any way related to occupation of deceased?	no
1	20. FILED Much 27, 1934 Chas B Humas. Registrar.	(Address) Man Sharton Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	įį	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by strect car .	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	(miles)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Ξ,

STATE	OF	MARYL	AND-CERTIFICAT	E OF	DEATH

1.	10	100	1)	1)	
U	4		J	3	

1. PLACE OF DEATH	106-8	
County Coursesul	Registration Dist. No. 62	
Village or City Alectary	NoSt.,	Ward
Length of residence in city or town where death occurred yrsmos	death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAME Cruise Clina,	To papelle	
(a) Residence: No. Deutew Mill. (Usual place of abode)	St. Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Company of the Secretary Company of	July HEREBY CERTIFY. That I attended 3, 1933, to Thur 3	deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h alive on Truck 1 1934	; death is said
7. AGE Years Months Days If LESS than 2 4 1 day,hrs.	to have occurred on the date stated above, at 1-9 /1-m.	
74 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER, AL Learner SAWYER, BOOKKEEPER, etc.		
4 9. Industry or business in which	attens Schereie	1932
work was done, as SILK MILL, SAW MILL, BANK, etc	Corror Company	1.1.1.
and occupation (month and		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Al 12	WYS.
	Chrone Bruchelia	1950
13. NAME Jack Messon. 14. BIRTHPLACE (city or town).		-
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an a	
E	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	•
State or country)	Where did injury occur?	, 17
17. INFORMANT Zuiss Heary Tippin	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Piace Dallar 6 11, 1930	Nature of Injury	
19. UNDERTAKER Siegel Marie	24. Was disease or injury in any way related to occupation of deceased?	ne
2.5 21969	(Signed) Leuron O Leane	M. D
20. FILED J. 7 D. 1927 My N. V. Junge Registrar.	(Address) Profes	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



supplied.

mation should be carefully

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TION is very in portant.

02531

1. PLACE OF DEATH	Tis-a
County Caroline	Registration Dist. No. 62
Village or City Decelar	No. St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME James Jak	Seel, St. Ward.
(a) Residence: No. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Licelle 4. COLOR OR RACE OR DIVORCED (write the purple	WED, word) 21. DATE OF DEATH.
5e. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	THE REBIGER THE THAT I attended deceased from
6. DATE OF BIRTH (month, day, and year). Felle 2811	93 Triast saw han' alive on Mc4 2 13P; deeth is said
7. AGE Years Months Days If LESS	
1 day,	min. were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and specific profession).	Date of onset
9 Industry or business in which work wes done, as SILK MILL.	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) - Helland	Other Contributory Causes of importance:
(State or country) What land	<i>J</i> ,
13. NAME Marenau Tills	
13. NAME Harman Sills 14. BIRTHPLACE (city or town) Aurlack	Name of operation Dete of
(State or country) Tunnellar	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Clystette Evans 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Marinau Jills 7-all	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deutaw Cerre Oate Man 24	Menner of Injury
0 % 10811	Nature of Injury
19. UNOERTAKER CARLES C	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED 3 - 2 1934 Pm WO George	(Signed) Mullime of Makes M. D.
	istrar. (Address) Julia M

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
# CEIVENI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
8. /			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	UZ535
County Caroline.	Registration Dist. No. 6 H
Village or City Federals burg.	No. St Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?ytsmosds
0 . 0	
(a) Residence: No. Federal stura Md	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widowed	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Catherine Jaylor Guill	22. I HEREBY CERTIFY. Thet Lattended decessed from
h	1030 to Mill 22 1934
6. DATE OF BIRTH (month, dey, end yeer) 00. 1850 7. AGE Years Months Days If LESS than	Wast saw b. M. alive on 11 us 22, 1934; deeth is seld
83 H 19 1 dey,hrs.	to have occurred on the date stated above, et
Ormin.	were as follows: In test: find Data of onset
kind of work done, as SPINNER, Retired Tarmer	Ne hrites
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
SAW MILL, BANK, etc	
this occupation (month and 1913 spant in this 45	
12. BIRTHPLACE (city or town) Worcester Co.	Other Contributory Causes of importance:
(State or country) Md	Memi Cima
13. NAME Thos. N. Quissin.	1
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State or country) had and	Whet test confirmed diagnosts?
15. MAIDEN NAME Rachaes a Massey 16. BIRTHPLACE (city or town) No data	23. If death was due to external causes (VIOLENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT MASS Harvey H. Long.	Where did Injury occur?
(Address) Federals Burg. Md. 18. BURIAL, CREMATION, DR REMOVAL	Manage of Injury
Place Bealin Md, Date Mar, 75th, 1934	Manner of injury
19. UNDERTAKER 5. T. Transtorn & Don. (Address) Federalsburg, Md	24. Was disease or injury in any way related to occupation of deceased?
20 EUER Mar. 23th wall 5. J. Evanuation	(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			- No. 30 N
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Caroline	Paristantino Sia na holo
Village or City Ridgely (1	Registration Dist. No
	sds. How long in U.S. if of foreign birth?yrsd
2. FULL NAME mary Helen Ringgold	<u> </u>
(a) Residence: No. / Chally (Vival place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wife the word)	21. DATE OF DEATH march 12 1934
5a. If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF Roger Rochester Ringgold	22. I HEREBY CERTIFY, That I attended deceased from March 14 , 1932 to March 12 , 1934
6. DATE OF BIRTII (month, day, and year) Feb 18 1886	I last saw her alive on March 12 , 1934; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, et 10340.0m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. hausekeepu	Corconama of Breast - Right 1927
kind of work done, as SPINNER, hause keepu SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Concusioners of Breat Lift 1931
10. Date deceased last worked at this occupation (month and year)	6
12. BIRTHPLACE (city or town) Rozering Springs (State or country)	Other Coutributory Causes of importance:
	Caramonalor Metastores 1933
13. NAME William alexandria Madara 14. BIRTHPLACE (city or town) Raraning frings (State or country) Pennia	Name of operation Dete of
15. MAIDEN NAME Mary ann Fries	What test confirmed diagnosis & hours full Waythere an au'opsy? He
16. BIRTHPLACE (city or town) Clayshing (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT Flary Tries Fifer (Daughter (Address) Kielgely md	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PROCESSION DATE MARKETS, 19 34	Manner of Injury
19. UNDERTAKER Je U Zuvorz (Address) Deulou Zuf 24. FILED Man 14, 1934 J D Davis	24. Was disease or injury In any way related to occupation of deceased? 110 If so, specify (Signed) A.M. [
Registrar.	(Address) Kifysly md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

V. S. No. 1

-WRITE

N. B.

PHYSICIANS should state Levery item of infor-

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. AINLY

H UNFADING INK-THIS IS A PERMANENT

FOR BINDING

MARGIN RESERVED

of OCCUPA-

Exact statement

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

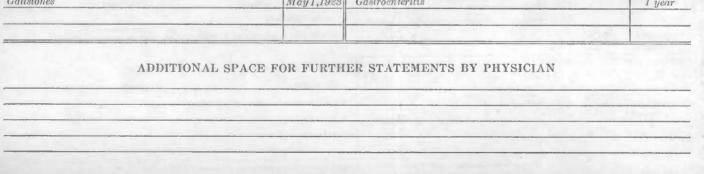
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Example II	
e of death and related causes as follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
causes of importance:	1 year
	causes of importance.



-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

112537

1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 6
Village or City Mear american Corn	er. No. St Ward
Length of residence in city or town where death occurred	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2 FIRE MARKE Q	Os
D +	K or my
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the w	ord) March 17th 1934
5e. If married, widowed, or divorced	(Month) (Day) (Year)
(or) HIFE of Howard T. Roop,	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Pec, 1874	Alest sewh C V alive on May 16 1993 4 death le sein
7. AGE Years Months Deys If LESS	, 13m2-1-, death is said
59 3 1 day,m	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or pasticular	Bilateral (Jeelm. Date of onset
SAWYER, BOOKKEEPER, etc. House-work	K. Talana, A.
work was done, as SILK MILL, SAW MILL, BANK, etc	Japanes
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month end year) 11. Total time (years) spant in this occupation	Se
12. BIRTHPLACE (city or town). Caroline Co.	Other Contributory Causes of Importance:
(State or country)	La Sulhi.
	3.
13. NAME Viggiam Wiggiames 14. BIRTHPLACE (city or town) Care Sine Car	Name of operation.
(State of country)	
15. MAIDEN NAME Living Brodes	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Tiggie Crodes 16. BIRTHPLACE (city or town) Carofine Co.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HOWARD T. Koop. (Address) Denton, Md. R. F.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Lederals burg, Md. Date Mar. 20", 10	Nature of injury
19. UNDERTAKER 5. T. Tramptom & So	24. Was disease or injury in eny way related to occupation of deceased? NO
(Address) Federals Burg, Md.	If so, specify
20 FILED March 18", 1934 5. 5. Fram Stom	(Signed) . U. L. J. Dynn, M. D.
Regist	rdr. (Address) - flatellisting fiftig

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Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH		(45-5)
County Caralul	1	Registration Dist. No. 62
Village or City	Heckenan.	No. St., Ware fleath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	oth occurredyrs,mos	s. ds. How long in U.S. if of foreign birth?yrsmos de
2. FULL NAME A SAA	of Kust:	
(a) Residence; No.	deralshurg.	Else, Ward.
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
wesle while	OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND OF (or) WIFE of	W. Bust	1 HEREBY CERTIFY, That I attended deceased from Many 16, 1930, to Man, 3, 1924
B. DATE OF BIRTH (month, day, and year)	eay, 13-185.	Tast saw ham alive on Man 3 , 19 3 ; death is sai
AGE Years Months	ays If LESS than I day,hrs.	to have occurred on the date stated above, at
S Total official as additional	orivin.	were es follows: Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER.	level tarmer	angus vienus ornais
9. Industry or business in which		
work wes done, es SILK MILL, SAW MILL, BANK, etc		-
	I1. Total time (yeers) spent in this	
year)	occupation	Other Contributary Causes of Importance:
2. BIRTHPLACE (city or town)		
(State or country)	The state of the s	
13. NAME 14. BIRTHPLACE (cfty or town)	Just	
14. BIRTHPLACE (city or town)		Name of operation
(State of Country)	clawore	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	in Master	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of Injury, 19
(State or country)	swork-	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jalen	restina	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	m	Manner of injury
Place fally wood	Date 19.02	Nature of injury
Harriegland	sec !	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address)	Beatly Min	If so, specify
3 / 3/74	1104	(Signed) M. M. Day M.
20. FILED 3 - 6, 1934 ///	wery	(Addrage) Francos Asl.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY	PHYSICIAN
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PHYSICIANS should state . Every item of inforof OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. AINLY, B.—WRITE

V. S. No. 1

County Controlled	Registration Dist. No. 62	
Village or City / Chuan	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and nu	War
Length of residence in city or town where deeth occurredyrs	mosds. How long in U.S. if of foreign birth?mos	
2. FULL NAME Lallel Elyabeth	Wall	
(a) Residence: No. / Chellen / (Usual place of abode)	Oelst., Ward. If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Reveale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		193 /
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Wall 14	22. O I HEREBY CERTIFY, That I attended do	
3,10	1933, to //on 5	, 19.3
AGE Years Months Days If LESS that		death is sa
66 11 ZS 1 dey,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
8 Trade profession or particular		Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Dete deceased last worked et this occupation (month and	Wholedy -	773
9. Industry or business in which		Jul.
work was done, as SILK MILL, SAW MILL, BANK, atc		
Spoilt in time		
year) occupation occupation	Othar Contributory Canses of importance:	
2. BIRTHPLACE (city or town) Pellaw	9/	193
(State or country)	Hy pulencias .	Lau
13. NAME Jacquel Cictory 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of oparation Date of	
(Stele of Country)	What test confirmed diegnosis? Was there an au'	opsy?
15. MAIDEN NAME	23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of injury	, 19
(State or country) Delaceror	Where did Injury occur?	
7. INFORMANT Jeslie Schott. (Address) Seulaw. 211	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
B. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury	
Place Golf Wood Date May 8, 19	Natura of injury	
9. UNDERTAKER J. Wisconson (Addrass)	24. Was diseese or injury in any way ralated to occupation of daceesad?	np
0. FILED 7 - 6 1934 Mm A O Yugu	(Signed planson O Zeozge	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
300EAU-V. 5.	T &			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. ECORD. Every item of inforshould be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. pe mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may PLAINLY, -WRITE B

FOR BINDING

MARGIN RESERVED

	F MARY	/LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			93-0
County Caroline			Registration Dist. No. 63
Village or City Presto	n		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred		ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Sallie F	letcher	Sisk	
(a) Residence: No.		,	St., Ward.
PERSONAL AND STATISTIC	(Usual place o		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH 26 1934
5e. If merried, widowed, or divorced	TAIL COTT T	1.64	(Month) (Day) (Year)
(or) WIFE of Albert W. Si	sk		22. Of I HEREBY CERTIFY, That I attended deceased from 1931, to May 26, 1934
6. DATE OF BIRTH (month, day, end year)	1y 14-1	.865	I last saw h (elive on man 25 , 1934; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et 6.40 A.m.
68 8	12	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as/follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	lousewit		Chronic Isrone acces
SAWYER, BOOKKEEPER, etc.	lousewil	. e	Wiffy Bronchiectasis-
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SIndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10-Date deceesed fast worked at this occupation (month and			
10. Date deceesed fast worked at this occupation (month and year)	11. Total tir	ne (years) tin this pation	
12. BIRTHPLACE (city or town) Pre	ston, Md.,		Other Contributory Causes of importance: - Lenevaliques Circlervasclerose + Muy Car diles
≅ 13. NAME J. B. Flet	cher		
13. NAME J. B. Flet 14. BIRTHPLACE (city or town) East (State or country)	New Ma: Maryla	rket,	Name of operation Nove - Date of
₩ 15. MAIDEN NAME Henrietta	Kelley		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Henrietta 16. BIRTHPLACE (city or town) Pro (State or country)	eston. Md		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT A. W. Sisk	reston.	Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	COUUI	MICL 0 9	Manner of injury
Place Preston,	Dete Mar.	28.,1934.	Neture of injury
19. UNDERTAKER W. H. Holl (Address) Prest	is & Scon. Md.		24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Much 2/619.34 Land	MAR	Registrar.	(Signed) (Address) Fullrals lung, MM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Table 2 No. Village or City Deliberated Mark City of town where death occurred, was a longisted or institution, give in NAME instead of street and number) Length of residence in city or form where death occurred, yrs. mos. ds. How long is U. S. If of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE MARKED WINDWED OR DIVORCED (symbol the word) S. If married wildowed, or divorced (or) Will of the word (o	1. PLACE OF DEATH		92.0	
Village or City	County Tearoline		Registration Dist. No. 62	
Langth of residence in city or form where death occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKELD WINDOWED, Or pive to the word of control of cont	Village Dr City Destlass	full.	Np. St.	Ward
(a) Residence: No. (Clustaface of block) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR PHORED (which he word) OR PHORED (which	Length of residence in city or town where death occu			
PERSONAL AND STATISTICAL PARTICULARS S. SIX 4. COLOR OR RACE OR DIVORED (write the word) Fig. 1 HER EBY CERTIFY. Their is attended deceased from the sand of the second of the sand of	2. FULL NAME Olivia	Tillian Le	orge Jaylor	
3. SEX 4. COLOR OR RACE S. SINGER, MARKED, WIDOWED, OR PHYORCED Carrie the word) 5a. If married, yidowed, or divorced with the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Cor) wife of the word (Month) 5a. If married, yidowed, or divorced (Mo		etaro lella.		l State
The profession, or particular solutions of work done, as SPINNER, SAW MILL, BAIK, etc. SAW MILL, Etc. SAW MILL, Etc. SAW MILL, Et	PERSONAL AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSSANDTO of (or) WIFE of (or)	Female Bef OR	VORCED (write the word)	Luar 1	., 193 (Year)
7. AGE Years Months Days If LESS than I day, hrs. or min. No. 1 Frade, profession, or particular for min. In PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Date of many for min. No. 2 Frade, profession, or particular for min. In PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Date of many for min. Date of many for min. No. 2 Frade, profession, or particular for min. In PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Date of many for min. Date of onest to the value of the date stated above, at for min. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Date of min. Date of onest to the value of importance for min. Name of operation. What test confirmed diagnosis? Was there an europsy? Accident, suicide, or homicide? Date of injury. No. 2 Frade, profession, or particular for min. Name of operation. What test confirmed diagnosis? Was there an europsy? Accident, suicide, or homicide? Date of injury. No. 2 Frade, profession, and an extraction of deceased for min. No. 2 Frade, profession, and an extraction of min. Date of onest the causes of importance were es follows: Date of onest the causes of importance for min. No. 2 Frade, profession, and an extraction of min. Date of onest the caus	HUSBAND of (or) WIFE of	44 168A	July 5 1927, 10 March 9	deceased from
1 day, hrs. of 1 da		1801	11	_; death is said
State or country State or co	7. AGE Tears Wionins			
Sind of work done, as SPINNER, Paula Warren Bookkeeper, etc. Paula	J C	ormin.	were es follows:	Date of onset
Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMDVAL Phofficial 18. BURIAL CREMATION, OR REMDVAL Phofficial 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 3-12 134 MARCH CREMATION 11. Specify Address 12. Specify 13. NAME Date of injury Neture of injury Neture of injury Neture of injury (Signed) Manner of Injury (Signed) M. D. M. D. M. D. Date Of Importance: Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Neture of injury Neture of injury (Signed) M. D.	kind of work done, es SPINNER,	ce work.	Olyonia, endor andilia	1971
Dither Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMDVAL Phofficial 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 3-12 134 MARCH CREMATION 11. Specify Address 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL CREMATION, OR REMDVAL Phofficial 18. BURIAL CREMATION, OR REMDVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. (Signed) 19. (Signed) 19. (Signed) 19. (Signed) 10. MAME 10. Date of impury Neture of injury (Signed) 10. M. D. 11. MAME 12. Authorities 12. Authorities 13. NAME 14. BIRTHPLACE (city or town) 15. MAIOEN NAME Was there an europsy? 20. FILED 3-12 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL 19. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Neture of injury Neture of injury Neture of injury (Signed) M. D. M. D.	9. Industry or business in which			
Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMATION, OR REMDVAL Phofficial 18. BURIAL CREMATION, OR REMDVAL Phofficial 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 3-12 134 MARCH CREMATION 11. Specify Address 12. Specify 13. NAME Date of injury Neture of injury Neture of injury Neture of injury (Signed) Manner of Injury (Signed) M. D. M. D. M. D. Date Of Importance: Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Specify or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Neture of injury Neture of injury (Signed) M. D.	Work was done, as SILK MILL, SAW MILL, BANK, etc	***************************************	- January Change	-1-704
Dther Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMDVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 3 12 134 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Oate deceased last worked at this occupation (month and	1. Total time (years)		-
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Stete or country) 18. BURIAL CREMATION, OR REMDVAL (Address) 18. BURIAL CREMATION, OR REMDVAL (Pacific at the state of the	year)		Other Centributery Causes of Importance	
13. NAME 14. BIRTHPLACE (city or town) Name of operation. Date of What test confirmed diagnosis? Was there an eu'opsy? Was there an eu'opsy? 15. MAIOEN NAME Oxama Oslow Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? Two Control of the county Oxama O		10	State Control of Amportance.	
What test confirmed diagnosis? Was there an europsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town)		land.		
What test confirmed diagnosis? Was there an europsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town)	13. NAME Mathamiel	Laylor		-
What test confirmed diagnosis? Was there an europsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town)	4 14. BIRTHPLACE (city or town)	ow /	Name of operation Date of	
Where did injury occur? 17. INFDRMANT Leave for in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMDVAL (Place for injury Data for injury Neture of injury 19. UNDERTAKER (Address) 24. Wes disease or injury in any way related to occupation of deceased? 25. FILED 3-12, 134 for Manage (Signed) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occur? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Where did injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. IN OUT OF THE OCCUPATION O	(State of country)	Jul.	What test confirmed diagnosis? Was there an e	au'opsy?
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Where did injury occur? 17. INFDRMANT Leave for in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMDVAL (Place for injury Data for injury Data for injury Neture of injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER (Address) 16. so, specify (Signed) (Signed) Meanure of injury in any way related to occupation of deceased? M. D.	5 16. BIRTHPLACE (city or town)	elou	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place Control of C	(Stete or country)	Tied.		
Place Principle Date Neture of injury Neture of		Seulen	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 20. FILED 3-12 134/1m // Address (Signed) (Signed) (Signed) (Signed)	V 4. 4	Pear 12 1, 1934		
20. FILED 3-12 134 Man A Plange (Signed) Jauly Moths M. D.		evorz		200
	2 10 0.12 M/	Leage Registrar.	(Signed) (Signed) (Signed)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1 1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V S	1				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
*					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BIN	S IS A PER!	stated EX	properly cl	certificate.
8	HIS	be	be	Jo
MARGIN RESERVED FOR BIND	BWRITE LAINLY, WITH UNFADING INK-THIS IS A PERMA	mation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may	110N is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	02042
county Caroline	Registration Dist. No. 6
Village or City Federals burg.	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Thomas Wests	
(a) Residence: No. Teder of stura Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE COROR PACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF Had 7- Wives, all dead	1 HEREBY CERTIFY, That I attended deceased from 19.33, to Miles 16, 19.34
7. AGE Years Months Days If LESS than	death is said
The last months bays if LESS than I day,hrs. orhrs.	to have occurred on the date stated above, at 1.0th_m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Garden - Harcular 1936
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and	Kenal Disease
10. Data deceased last worked at this occupation (month and year) 5 2 2 9 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Caroline Co. (State or country)	Other Contributory Causes of Importance:
13. NAME Jose & Wers.	/
14. BIRTHPLACE (city or town) Caroline Co.	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
S 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Bertha Prattis. (Address) Tederals Rura, Md.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Max. 19, 1934	Nature of Injury
19. UNDERTAKER J. T. Tramptom & Son, (Address) Federals burg Md	24. Was disease or injury in any way related to occupation of deceased?//O
20. FILED March 18", 1934 5.5. Trampton Registrar.	(Signed) UC Official M.D. D. (Address) Filleral Mary M.D.
If more blanks are needed, address State Registrar	Total N. Charles Street Policies P. 1911 C. N.

Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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X	N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EAACILI. FRISICIANS should state	CAUSE OF DEATH implain terms, so that it may be properly classified. Exact statement of OCCUPA-	
4	Cond. Every	TH ISICIAINS	ct statement	
C	NTRE	L I.	d. Exa	A 100 M
INDIN	RMANE	SAACI	classifie	at a
FOR B	IS A PE	stated P	properly	ertificate
MARGIN RESERVED FOR BINDING	ZIHIZ	onld be	may be	back of
RESE	ING INE	AGE Sh	e that it	tions on
TARGIN	UNFAD	upplied.	terms, s	e instruc
	, WITH	refully s	in plain	tant Se
•	LAINLY	uld be ca	DEATH	ry impor
	RITE	tion shor	VUSE OF	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—V	m	C	1

1. PLACE OF DEATH	GERTIFICATE OF DEATH
County County Caroline	Registration Dist. No. 466
Village or City Near Ridgely	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foreign birth? 72yrsmosds
Minne 117-12 2-4	
011061	St. Ward.
(a) Residence: No. (Una place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 1. S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH Larch, 22nd, 1034 ₁₉₃ (Month) (Day) (Year)
HUSBAND ot	22. I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of Chorles Wreg to	, 19, to
DATE OF BIRTH (month, dey, and year)	I last sew h elive on , 19 ; deeth is sein
AGE Years Months Days If LESS than	to heve occurred on the date stated above, etm.
72 Index,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows: Not known Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL,	Heart Trulle.
SAW MILL, BANK, etc.	
this occupation (month and yeer)	
2. BIRTHPLACE (city or town) Near Ridgely (State or country)	Other Contributory Causes of importance:
13. NAME Dont Know	
	Name of operation Date of
14. BIRTHPLACE (city or town) Vulturosur'	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Don't Know	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Don't Know 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did Injury occur?
7. INFORMANT Harry Savage Redgely Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION XX REMOVAL Push tugo No.	Manner of injury
Place Date March ZC 193	Neture of injury
9. UNDERTAKER A. B. Rawlings (Address) Greensboxo, Md.	24. Was disease or injury in any way related to occupation of decessed?
20. FILED May 26, 19 34 Waish. Registrar,	(Signed) Laurence Welson (Address) Ridgely, Id. Coroner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example 11			
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Cerebral hemorrhage	July 5,1927	·Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of impertanco:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN									
Thi:	woman	was in	apparently	good	health,	but	dropped	dead	suddenly
No	inquest	held.				1			